

**Department of State Health Services  
Council Agenda Memo for State Health Services Council  
February 24, 2016**

**Agenda Item Title:** Amendments to rules concerning Emergency Medical Services (EMS) provider licensing

**Agenda Number:** 1.a. (Work Session Only)

**Recommended Council Action:**

☒ For Discussion Only

☐ For Discussion and Action by the Council

**Background:**

The EMS/Trauma Systems Coordination Unit, in the Regulatory Services Division, is responsible for regulation of EMS and the designation of trauma and stroke facilities. The unit performs inspections, site surveys, and investigations and provides technical assistance related to EMS, trauma, and stroke designation.

The unit operates on General Revenue and fee funds.

**Summary:**

The purpose of the rule amendments is to implement S.B. 1899, S.B. 219, and S.B. 1574, 84th Legislature, Regular Session, 2015. The amendments make the following changes:

- Add new definitions and update current language and terms to current standards.
- Provide clarification to the EMS provider application process.
- Update standards to ensure that air units meet air worthiness stats per federal regulations.
- Require documentation of the medical director's knowledge and experience when treating and transporting patients by air.
- Incorporate state and federal requirements for a "designated infection control officer."
- Allow DSHS to initiate disciplinary actions based on actions taken by other states or federal agencies.
- Increase the minimum required hours to meet national education standards for EMS education courses and to reflect what is already happening in Texas.
- Change the name of the Intermediate EMT to Advanced EMT, which reflects a national name change.
- Require fingerprinting of EMS personnel as directed in Government Code 411.087 and 411.110 and as required in 25 Texas Administrative Code §157.37.
- Add responsibilities for EMS personnel to complete an accurate patient care record, report abuse or injury to a patient, follow the medical director's protocols and policies, take precautions to prevent misappropriation of medication, maintain skills and knowledge of level of certification, and notify DSHS within 30 days of a change of address.
- Add violations that DSHS can utilize in order to initiate disciplinary action against EMS personnel certification.
- Require a clinical instruction program to designate of an infection control officer.
- Increase the requirement for a course coordinator to have four years of experience in EMS; require more detail to be provided to students regarding what to expect from an EMS education program; require education to be provided to all students about current Texas EMS laws, rules, and policies; and provide that more detail be given on what is considered unprofessional conduct by DSHS.
- Require an EMS instructor to document at least eight hours every two years, of providing or observing EMS care being given in an ambulance, hospital, or clinic to enhance and reinforce the instructors' knowledge of the Texas EMS system.

The rule amendments also comply with the four-year review of agency rules required by Government Code, Section 2001.039.

**Key Health Measures:**

Most amendments incorporate modifications to existing rules to reflect current language, terms, and standards in the EMS industry. The effectiveness of these regulations will be generally exhibited by the following:

- Licensing rules for emergency medical care for the sick and injured will continue to ensure the protection of the health and safety of the public. These new licensing rules provide verification regarding the professional experience and the financial capability and stability of licensed EMS providers or organizations.
- Incidents of fraud, waste, and abuse will be reduced by licensed EMS providers.

Outcome	Measurement
Receive initial and continuing education on state and federal laws and rules relating to EMS.	<ul style="list-style-type: none"><li>• Monitor the number of EMS provider license applicants that will be denied due to violations and or deficiencies.</li><li>• Monitor the number and education of Administrator of Records (AOR) of each EMS provider.</li><li>• Monitor the number of EMS providers and personnel to ensure there are sufficient numbers to serve the EMS needs for residents and visitors to Texas.</li></ul>
Provide education and guidance to EMS providers and personnel on what laws and rules require to have an EMS operation in the Texas EMS system.	<ul style="list-style-type: none"><li>• Monitor the number and continuing education courses that are offered to AOR and EMS Personnel.</li><li>• Criteria for denial and disciplinary action of EMS personnel and applicants seeking EMS certification or licensure ensure that the Texas EMS system is staffed with personnel that provides state of the art treatment and transport by educated and trustworthy personnel.</li></ul>
Ensure that EMS providers have a strong quality assurance process within their organizations to review dispatches.	<ul style="list-style-type: none"><li>• Require all EMS personnel to complete a jurisprudence examination during initial and renewal of EMS person's certification and/or license.</li><li>• Continue to conduct complaints investigation and random surveys to determine compliance.</li></ul>

**Summary of Input from Stakeholder Groups:**

These rule revisions were shared with trauma system stakeholders including EMS providers and personnel, designated trauma and stroke facilities, Regional Advisory Councils, professional organizations, and individuals. Additionally, the rule revisions were presented on multiple occasions to the Governor's EMS and Trauma Advisory Council (GETAC). To ensure that stakeholders had an opportunity to review the most current version of the rules as they were being developed, each iteration was posted to the DSHS website since Spring 2015.

During 2015, the EMS Committee of the GETAC, along with DSHS staff, held 15 stakeholder meetings across the state with ~1,500 participants. DSHS made changes to the draft rules directly related to the stakeholders' input. DSHS also received input from the Texas Ambulance Association and the Texas EMS Alliances during the rule development process. On December 11, 2015, the EMS Committee, voted to support these amended rules and to recommend to GETAC that the DSHS Council support the proposed rules. The draft rules were presented to GETAC at meetings January 27, 2016 and February 12, 2016, and GETAC voted to recommend the packet move forward to the Council.

**Approved by Assistant Commissioner/Director:** Kathryn C. Perkins, R.N., M.B.A. **Date:** 1/29/2016

**Presenter:** Joe Schmider **Program:** Office of EMS/Trauma Systems **Phone No.:** 512-834-6737

**Approved by CPEA:** Carolyn Bivens **Date:** 2/6/2016

